PAGE 1 / 6

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

	or Other Than An Aut	horized Committee	Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5
HEARTDOCPAC			
ADDRESS (number and street)	PO BOX 628		
Check if different			
than previously reported. (ACC)	EVANSVILLE		IN 47704 – L L L L L L L L L L L L L L L L L L
2. FEC IDENTIFICATION NU	JMBER ▼ CIT	TY 🛦	STATE ▲ ZIP CODE ▲
C C00523381		S THIS REPORT (N) O	R AMENDED (A)
4. TYPE OF REPORT (Choose One)	Report Due On:	0 20 (M2) May 20 (M	(Non-Election Year Only)
(a) Quarterly Reports:	Mai	r 20 (M3) Jun 20 (M	Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
April 15 Quarterly Report (Q1		20 (M4) Jul 20 (M	7) Oct 20 (M10) Jan 31 (YE)
July 15	(C) 12-Day	Primary (12P)	x General (12G) Runoff (12R)
Quarterly Report (C	Report for the:	Convention (12C)	Special (12S)
Quarterly Report (C		M M / D D	/ Y Y Y Y y in the
Year-End Report (Y	(E) Election	on on 11 08	2016 State of
July 31 Mid-Year Report (Non-electio Year Only) (MY)	n (d) 30-Day POST-Election Report for the:	General (30G)	Runoff (30R) Special (30S)
Termination Report (TER)		on on	in the State of
5. Covering Period 10	0 01 2016	through 10	M / 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
I certify that I have examined th		f my knowledge and belief it is	true, correct and complete.
Type or Print Name of Treasure	WRIGHT, JOHN, L., Mr.,		
Signature of Treasurer WRIG	GHT, JOHN, L., Mr.,	[Electronically Filed]	Date 10 / 27 / 2016
NOTE: Submission of false, errone	eous, or incomplete informatic	on may subject the person signir	g this Report to the penalties of 52 U.S.C. § 3010
Office			FEC FORM 3X
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